

ID: | | | | |

SECTION O. CONCLUSION

- O1. We would like to have your Social Security number. This will have no effect in any way on any benefits you receive. This information is voluntary. What is your Social Security number?

SSN: | | | | - | | | - | | | |

REFUSED SSN 7

- O2. We may wish to contact you again to obtain additional health related information. Please give me the name, address, and telephone number of one relative or friend who would know where you could be reached in case we have trouble reaching you. Please give me the name of someone who is not currently living with you.

NAME OF CONTACT PERSON: _____

STREET ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER: () _____

CONTACT'S RELATIONSHIP TO SUBJECT: _____

END. This completes our interview. Thank you very much.

TEAR OFF THIS PAGE BEFORE
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ID LABEL